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OR
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WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/596,399
Filing Date	March 16, 2007
First Named Inventor	Sarah Michelle Lipman
Title	CONTROL APPARATUS
Art Unit	2629
Examiner Name	Antonio J. Xavier
Attorney Docket Number	POW2B-83062 (new)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint Practitioner(s) associated with the following Customer Number as my/cour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

24201

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I am the:

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OR

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/6) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature:

Name:

Title and Company:

Date:

May 6, 2010

Telephone:

310-352-1414

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

"Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is provided by 37 CFR 1.22 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. The amount of time you require to complete this form and/or suggestions for reducing this burden will vary depending upon the individual case. Any comments on this burden estimate or suggestions for reducing it should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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